Please access the Injury Reporting Procedure page on the Safety Services website. 
http://safetyservices.ucdavis.edu/article/injury-reporting-procedure

Complete the electronic Employer’s First Report (EFR) as soon as practicable.

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**UCD Employer’s Report of Occupational Injury or Illness**

- **Employee Name:**
- **Employee’s UC Davis ID #:**
- **Address:**
- **Home Phone:**
- **City/State/Zip:**
- **Sex: Male, Female**
- **Department/Location:**
- **Employee’s Work Phone:**
- **Payroll Title/T: C:**
- **Date of Hire:**
- **Annual Gross Salary:**
- **Supervisor’s Name:**
- **Supervisor’s Work Phone:**
- **Employee:**
- **Volunteer:**
- **Student Employee:**
- **Before or after work time:**
- **Hours per day:**
- **Days per week:**
- **Total weekly hours:**
- **Specific Injury/Illness/Exposure:**
- **Body Part(s) Affected:**
- **Date of Injury/Illness:**
- **Location where injury or illness occurred:**
- **Others Injured:**
- **Yes, No**
- **What equipment, materials or chemicals caused the injury/illness:**
- **Who witnessed this injury:**
- **Explain in detail how the injury occurred. Include specific activities/tasks performed at the time:**

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**Medical/Treatment Provider:**
- **Employee Health Services:**
- **UC Davis Hospital ER:**
- **Private Physician:**
- **UC Davis Medical Center:**
- **First Aid, no medical care needed:**
- **Employee Signature:**
- **Today’s Date:**

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**Employer’s Investigative Statement (Employer completes):**
- **After the investigation, explain in detail how the injury/illness occurred and the specific activity being performed:**
- **What was the injury, illness or exposure:**

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**Initial Cause:**
- **Contributing Factors and Activities:**
- **Preventive Actions:**
- **Supervisor’s Will:**
- **Date of Investigation:**
- **Supervisor’s or Manager’s Signature:**
- **Date:**

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**Please note: Completed this form is not an admission of University Liability.**

**IIPP - Appendix D January 2016**